

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3			1				53					
4				1			54					
5					1		55					
6	1						56					
7		1					57					
8			1				58					
9				1			59					
10					1		60					
11	1						61					
12		1					62					
13			1				63					
14				1			64					
15					1		65					
16						1	66					
17	1						67					
18		1					68					
19			1				69					
20				1			70					
21					1		71					
22	1						72					
23		1					73					
24			1				74					
25				1			75					
26		1					76					
27			1				77					
28				1			78					
29					1		79					
30						1	80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		5					TOTAL IND.					
TOTAL DEP.		21					TOTAL DEP.					
TOTAL CLAIMS		26					TOTAL CLAIMS					

BEST AVAILABLE COPY